CO APCD Advisory Committee

September 12, 2023
Agenda

• Opening Announcements
• Operational Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
Welcome New Committee Members!

• Cecilia Saffold
  • Chief Executive Officer, HealthTeamWorks

• Ryan Wallace
  • Director of Underwriting and Business Analytics, Delta Dental of Colorado
Open Committee Positions

- Pharmacy benefit manager
- An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity
Operational Updates

Kristin Paulson, JD, MPH  
CEO and President

Pete Sheehan  
VP of Client Solutions & State Initiatives
2022-2023 Successes
## 2022-2023 Successes

### Increase Access and Use of Data and Analytics

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO APCD Scholarship</td>
<td>Streamlined access helped 22 data requests benefit from the Scholarship Program.</td>
</tr>
<tr>
<td>Change Agent Publications</td>
<td>Fifteen Change Agents published research using CO APCD data in peer-reviewed journals.</td>
</tr>
<tr>
<td>Shop for Care Accessibility</td>
<td>CIVHC released Spanish and mobile-friendly versions of the <a href="#">Shop for Care</a> tool.</td>
</tr>
<tr>
<td>Health Equity Analysis</td>
<td>For the first time, CIVHC combined CO APCD and Census data to create the <a href="#">Health Equity Analysis</a>.</td>
</tr>
<tr>
<td>Data to Drive Decisions</td>
<td>The <a href="#">Data to Drive Decisions</a> webinars that feature diverse uses of CO APCD data had a 50% increase in attendees.</td>
</tr>
<tr>
<td>Local and National Presence</td>
<td>CIVHC promoted CO APCD data and capabilities with more than a dozen presentations across Colorado and the nation.</td>
</tr>
<tr>
<td>CO APCD 10th Anniversary</td>
<td>Events celebrating the <a href="#">10th Anniversary of the CO APCD</a> highlighted 10 years of challenges, triumphs, and innovation.</td>
</tr>
<tr>
<td>CO APCD Annual Report</td>
<td>A reimagined <a href="#">CO APCD Annual Report</a> helped simplify the role and capabilities of the CO APCD for Coloradans.</td>
</tr>
</tbody>
</table>
## 2022-2023 Successes

### State/Government/Legislative Support

<table>
<thead>
<tr>
<th>Mental Health Analyses</th>
<th>CIVHC added mental health to the Telehealth Services Analysis and updated <a href="#">ED Use for Mental Health and Potential Self-Harm</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Payment Tool</td>
<td>CIVHC developed and launched the unique Provider Payment Tool in response to <a href="#">Senate Bill 22-068</a>.</td>
</tr>
<tr>
<td>Behavioral Health Access</td>
<td>The <a href="#">Behavioral Health Administration</a> and CIVHC partnered to create the first Behavioral Health Access to Care report.</td>
</tr>
<tr>
<td>Telehealth Parity, Denied Claims</td>
<td>CIVHC evaluated in-person and telehealth payment parity, and telehealth denied claims for the Office of e-Health Innovation.</td>
</tr>
<tr>
<td>PDAB</td>
<td>CIVHC delivered the first data sets to support the Prescription Drug Affordability Board (PDAB) (<a href="#">SB 21-175</a>).</td>
</tr>
<tr>
<td>Data Mart</td>
<td>Added new data sets, new users, and new use cases to the Data Mart for DOI and HCPF.</td>
</tr>
<tr>
<td>High Value Care, End of Life</td>
<td>CIVHC updated the High Value Care at End-of-Life study with COVID-19 and additional palliative care measures.</td>
</tr>
<tr>
<td>Healthy Aging Data Profile</td>
<td>CIVHC and the Governor’s office collaborated on a Healthy Aging Data Profile inspired by work in <a href="#">Massachusetts</a>.</td>
</tr>
</tbody>
</table>
## 2022-2023 Successes

### Infrastructure, Data Quality, DEI, and Client Experience

<table>
<thead>
<tr>
<th><strong>Claim Volume</strong></th>
<th>The CO APCD officially reached one billion claims.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Equity Data</strong></td>
<td>CIVHC refreshed the geocoding of the CO APCD to support alignment with the <a href="https://www.census.gov">American Community Survey</a>.</td>
</tr>
<tr>
<td><strong>SUD Claims</strong></td>
<td>A new CO APCD substance use disorder (SUD) filter segregates those claims at intake, ensuring the data is protected for appropriate use.</td>
</tr>
<tr>
<td><strong>Data Submission Guide 14</strong></td>
<td>In March 2023, the <a href="https://www.civhc.org">Data Submission Guide v14</a> went into effect, improving the completeness of the CO APCD.</td>
</tr>
<tr>
<td><strong>Info for Data Users</strong></td>
<td>CIVHC created new resources (Tips &amp; Tricks, New Release Notes) to support CO APCD data users.</td>
</tr>
<tr>
<td><strong>Improved Client Journey</strong></td>
<td>The Customer Experience team added communication check points and new documentation to improve client satisfaction.</td>
</tr>
<tr>
<td><strong>Phase Gate</strong></td>
<td>CIVHC developed a new “Phase Gate” process to help standardize data operations and deliverables (rollout FY23-24).</td>
</tr>
<tr>
<td><strong>JEDI Committee</strong></td>
<td>The Justice, Equity, Diversity, and Inclusion (JEDI) committee developed core data equity principles and initiatives to ensure that our actions and communications are grounded in equity.</td>
</tr>
</tbody>
</table>
Multi-State Data

• CIVHC participating in a pilot Multi-State Data Initiative
  • Partnering with Maine Health Data Organization (MHDO) and Virginia Health Information (VHI)

• Purpose: Serve as a proof of concept for functionality and use of state-led collective database, demonstrate value of multi-state benchmarking

• Goals:
  1) Advance data uniformity and reduce policy and operational barriers for health care claims collection efforts
  2) Streamline multi-state data access for users through creation of an aligned data set

• Timeline: Planning phase 6 months
FY22-23 Scholarship: Year-End Summary

• FY23 Applications Approved
  • 22 projects were approved totaling $427,633 of the $500,000 total available, 86% of the annual funds

• FY23 Dollar Allocation
  • 59% of funds allocated to government entity requests
  • 24% of funds allocated to non-profit requests
  • 17% of funds allocated to academic/research requests
  • $38,864 allocated to out-of-state projects
  • $43,992 allocated to legislative projects

Full Scholarship FY 2022-2023 summary information is available in meeting packets
FY22-23 Scholarship: Year-End Summary

**FY 23 ALLOCATION**

- **State Agency/Govt. Entity**: 59%
- **Non-Profits**: 24%
- **Academic/Research**: 17%

<table>
<thead>
<tr>
<th>TOTALS</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Project Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$427,633</strong></td>
<td><strong>$104,179</strong></td>
<td><strong>$531,812</strong></td>
<td></td>
</tr>
</tbody>
</table>
FY 23 Scholarship: Use Cases
So Colorado Kids Can Move

• HB 23-1136
  • Multi-State Analysis of Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prothesis in the United States
  • CO APCD data informed policy discussions in support of insurance coverage for prosthetic devices needed for people to engage in certain types of physical activities, e.g. running & biking

• Bill passed by Colorado General Assembly and signed into law May 2023.
FY 23 Scholarship: Use Cases
ED Visits for Mental Health and Self-Harm

• Requested by Representative Judy Amabile
• Data Analysis published February 2023

“I am working on policies to bring greater mental health resources forward so people can get the treatment they need before they end up in crisis. Being able to reference real data when trying to address these situations is critical.”

- Colorado State Representative Amabile
FY 23 Scholarship: Use Cases
Peak Health Alliance

• CO APCD Scholarship Program funded 3 projects in FY22-23:
  • 3 data sets used to inform PHA’s strategy to better to serve rural Colorado with lower cost health care

“Peak Health Alliance uses all the data we receive from the CO APCD to inform and guide our negotiations with providers to build an affordable and robust local network to the communities we serve ... Because of the valuable data we receive from the CO APCD, our negotiation efforts are significantly more informed and intentional”
  - Anne Ladd, CEO Peak Health Alliance
FY 24 Scholarship: New This Year

• Cap on Funding for Out of-State Projects
  • $50,000 annual cap for all projects requested by eligible organizations based outside of Colorado

• Legislative Set Aside
  • 10% of annual funds set aside for legislative requests

• Utilization of year-end non-allocated funds
  • HCPF and the Scholarship Subcommittee will determine if there are eligible projects that could benefit from funding if all program funds are not attached to specific projects by April 1st of each year.
  • HCPF will make final decisions, and projects must align with the intent of the CO APCD Scholarship program
# FY 24 YTD Scholarship

## FY 24 Scholarship Requests Submitted YTD

<table>
<thead>
<tr>
<th>Data Requestor Organization</th>
<th>Project</th>
<th>Scholarship Amount</th>
<th>Requestor Amount</th>
<th>Data/Project Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic/Research Requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>State Agency/Govt. Entity Requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.106.75 CO State Governors Office</td>
<td>OSPMHC Long COVID Surveillance</td>
<td>$19,062</td>
<td>$4,766</td>
<td>$23,828</td>
</tr>
<tr>
<td></td>
<td>Sub-total</td>
<td>$19,062</td>
<td>$4,766</td>
<td>$23,828</td>
</tr>
<tr>
<td>Non-Profit Requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.56 DARTNet Institute</td>
<td>Healthcare Services Needs and Availability among CO Rural</td>
<td>$20,129</td>
<td>$3,552</td>
<td>$23,681</td>
</tr>
<tr>
<td></td>
<td>Sub-total</td>
<td>$20,129</td>
<td>$3,552</td>
<td>$23,681</td>
</tr>
<tr>
<td>Approved</td>
<td>Totals</td>
<td>$19,062</td>
<td>$4,766</td>
<td>$23,828</td>
</tr>
<tr>
<td>Pending</td>
<td>Totals</td>
<td>$20,129</td>
<td>$3,552</td>
<td>$23,681</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Requestor</th>
<th>Data/Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>$39,191</td>
<td>$8,318</td>
<td>$47,509</td>
</tr>
</tbody>
</table>

**Total FY23 Scholarship Dollars Requested**

**Remaining Funds Available**

$460,809
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
CO APCD Quality & Analytics

Lindsay Wilkins, MPH  
Data Quality Analyst

Alice Aguirre  
Data Quality Manager

Paul Timmerman, MBA  
Manager of Reporting and Analytics

Jennifer Carpenter  
Data Privacy and Compliance Manager
SUD Claim Collection and Use

Background

• Substance Use Disorder (SUD) data is federally regulated by the Code of Federal Regulations, Title 42, Chapter 1, Part 2 (42 CFR Part 2).
  • Historically has different, more restrictive requirements for data release than HIPAA.

• Under Coronavirus Aid, Relief, and Economic Security Act (CARES Act) SAMHSA expanded use of SUD data.

• In December 2022, HHS proposed further rule changes to 42 CFR Part 2 by HHS to better align data governance and patient protections between HIPAA and 42 CFR Part 2.
  • Currently under review
SUD Claim Collection and Use

At CIVHC

• In 2021, CIVHC examined SUD claims in the CO APCD.
• No Federal standard for defining an SUD claim.
• Investigated SUD codes from RESDAC (CMS) and IBM (HCPF) code-sets.
  • Around 1470 codes between the two sources.
• De-duplicated code sets and eliminated codes that were too broad and not SUD specific.
  • Final code set was 979 codes.
• Created a flag with data partner HSRI to eliminate SUD claims from analyses.
  • This flag went into effect in the July 2022 Data Warehouse Release.
SUD Claim Collection and Use
SUD Flag (July 2022 – January 2023)

• SUD claims were identified in the following code sets: Diagnosis, Procedure, CPT4, CPT4 Mod 1, MSDRG, APRDRG, ICD Primary Procedure Codes, and Revenue Codes.

• The SUD flag: ‘SA_FL’ is a true/false filter field. Analysts can use the flag in their analysis as noted below:
  1) True = The record is identified as a SUD-related claim.
  2) False = The record is not considered a SUD-related claim.
SUD Claim Collection and Use
New SUD Claims Exclusion

• September 2022: CIVHC and HSRI reviewed a process to sequester SUD claims into separate tables.
  • Decreases compliance burden and lessens the potential for inappropriate release.
• January 2023: SUD claims removed from Medical Claims tables and put into their own tables. We now have tables WITH SUD and WITHOUT SUD
• Payer submission of SUD claims is currently not mandatory, possible legislative fix.
  • Without mandatory submissions, we have incomplete data for SUD.
New: Foundational Reports

• Intended to act as internal benchmark report for comparison or as a reference point during the creation of new reports:
  • Does the data make sense for a specific project?
  • Is the data within the parameters of what we should expect?
• Can create use cases for future projects.
• Can create efficiencies for current projects.
• Will help to build an index of methodologies for all projects.
Foundational Reports

**MS-DRG Benchmark Dashboard**

- Provides comparison data when new reports are created using Medicare Severity Diagnosis Related Group (MS-DRG) data.
- Dashboard is created and under internal review.

*Example*
Foundational Reports

• Internal Membership Report
  • Provides benchmark data for CO APCD membership going back to 2012.
  • Report on Commercial members completed in March 2023
  • CMS report under development.

• Part D Claims & Commercial Submissions
  • Confirmation of whether Part D claims come through commercial data submissions and the significance of the volume.
  • Project kicked off in July and development is underway.
Intake & Submission Overview

Claim Journey Overview

Insurance Company

Doctor Bills
Patient’s Insurance Company

Insurance Company Adjudicates Claim

Insurance Company creates and submits monthly CO APCD files

HSRI/ CIVHC

HSRI/NORC processes files

Insurance Company reviews/addresses results in the portal

CIVHC reviews file issues

HSRI/ CIVHC

HSRI processes passing files each month

HSRI releases data into the warehouse every other month

Data users use the data!
Intake and Submission Overview

Data Quality Checks

• **HSRI Data Quality Checks**
  • Files submitted through HSRI submission portal undergo initial automated validation process
  • Submitters are notified of any quality check issues with their claims
  • Additional HSRI quality checks
  • Data enters Data Warehouse

• **CIVHC Quality Checks**
  • Submitter Quality Index (SQI)
Data Privacy and Compliance Updates

• Data Release Documents
  • Applications
  • Data Element Selections
• Data Release Review Committee
  • Process changes
• Procedural Enhancement Workgroup
  • Organizational wide efforts
# Data Release Documents

- Four new data release applications released in July:
  - Standard De-identified Datasets
  - Custom De-identified Datasets
  - Limited and Identifiable Datasets
  - Custom Reports

<table>
<thead>
<tr>
<th>Addition of data linkage questions:</th>
<th>Standard De-Identified</th>
<th>Custom De-Identified</th>
<th>Limited and Identifiable</th>
<th>Custom Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the CO APCD data be linked to another data source?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What is (are) the other data source(s)?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Who will perform the data linkage?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What identifying data elements will be used to perform the data linkage?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>What non-CO APCD data elements will appear in the new linked file?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Addition of 2023 option in *Year(s) of Data* section with footnote: "This year’s data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request."

Addition of *Financial Detail by Line Item* section with options to select Charged Amount, Allowed Amount, Plan Paid Amount, Plan Pre-Paid Amount, Member Copay, Member Deductible, Member Coinsurance, and Total Member Liability
Data Release Documents

- Data Element Dictionary is now the **Data Element Selection Form**

- Cross-departmental feedback

- Better alignment with the document’s purpose

- Common language definitions
## Data Release Review Committee

- **Exciting changes to the Data Release Review Committee:**
  - Committee members from 5 to 10
  - Updated documents
  - Timeline for Review

<table>
<thead>
<tr>
<th>Presentation Time:</th>
<th>10:30 AM</th>
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</thead>
<tbody>
<tr>
<td>Opportunity Number:</td>
<td>Number</td>
</tr>
<tr>
<td>Project Title:</td>
<td>Complete project title</td>
</tr>
<tr>
<td>CIVHC Presenter:</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Project Presenter(s):</td>
<td>Presenter name(s) and title(s)</td>
</tr>
<tr>
<td>Extract Type:</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Finder File Included:</td>
<td>Choose an item.</td>
</tr>
</tbody>
</table>

### PHI Data Elements

<table>
<thead>
<tr>
<th>Available for Limited and Identifiable Extracts:</th>
<th>Available for <strong>Identifiable Extracts Only:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member 5-Digit Zip Code</td>
<td>Member Name</td>
</tr>
<tr>
<td>Member <strong>Census Tract</strong></td>
<td>Member Date of Birth (if requesting more than year only)</td>
</tr>
<tr>
<td>Member County</td>
<td>Member Street Address</td>
</tr>
<tr>
<td>Member City</td>
<td>Member Geocoded Address</td>
</tr>
<tr>
<td>Member Eligibility Date</td>
<td></td>
</tr>
<tr>
<td>Employer Tax ID</td>
<td></td>
</tr>
<tr>
<td>Member Dates of Service</td>
<td></td>
</tr>
</tbody>
</table>
Procedural Enhancement Workgroup

• **Organizational Wide Process Improvement Efforts**
  • Prioritizing standardization of work
  • Templates
  • Operational library
  • Cross-departmental collaboration and feedback
  • Ongoing process work
Agenda

• Opening Announcements
• Operating Updates
• CO APCD Data Quality and Analytics
• Public Reporting
• Public Comment and Member Open Discussion
Public Reporting

NAHDO Innovation in Data Dissemination Award

- Awarded for the release of the Health Equity Analysis
- Recognized for demonstrating “outstanding excellence in effectively releasing innovative data positively impacting health care”
- Marks CIVHC’s second time in 10 years receiving this prestigious award!
Community Dashboard & CMS

• Community Dashboard is currently down as CIVHC works through new Medicare FFS QECP approval process with CMS.
• We will make the dashboard live as soon as possible.
• In the meantime, please direct any questions to cfrank@civhc.org
• Once live will send out email blast and launch promotional efforts including infographic series.
There are now over ONE BILLION claims in the CO APCD!
Recent Release: Drug Rebates

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

Commercial Payers are Receiving More Rebates

106% Increase in rebates from 2019 to 2021

Percent Rebates of Total Prescription Drug Spending Continues to Rise

Commercial Payers, 2019-2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Total RX Spending</th>
<th>Rebate Amount</th>
<th>% Rebate of Total Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$1.4B</td>
<td>$198M</td>
<td>14%</td>
</tr>
<tr>
<td>2020</td>
<td>$1.8B</td>
<td>$263M</td>
<td>15%</td>
</tr>
<tr>
<td>2021</td>
<td>$2.3B</td>
<td>$408M</td>
<td>18%</td>
</tr>
</tbody>
</table>
**Recent Release: Drug Rebates**

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

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**Specialty drugs** accounted for almost half of total prescription drug spending among commercial payers in 2021, but represented just 1% of total volume.

- **44%** Total specialty drug spending
- **1%** Total specialty drug volume

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**Costs for specialty and brand drugs continue to rise year over year.** Commercial Payers, 2019-2021

<table>
<thead>
<tr>
<th>Specialty Drugs</th>
<th>Brand Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>🌟 <strong>84% ↑</strong></td>
<td>🌟 <strong>125% ↑</strong></td>
</tr>
<tr>
<td>Increase in specialty drug rebates</td>
<td>Increase in brand drug rebates</td>
</tr>
<tr>
<td>🍀 <strong>$56% ↑</strong></td>
<td>🍀 <strong>90% ↑</strong></td>
</tr>
<tr>
<td>Increase in total spending for specialty drugs</td>
<td>Increase in total spending for brand drugs</td>
</tr>
</tbody>
</table>

ℹ️ These increases signal that rebates may potentially drive higher use of specialty and brand drugs.
Recent Release: Low Value Care

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

• What is “Low Value Care?”
  • Care where the potential harm or cost is greater than the benefit to a patient
  • Defined by Choosing Wisely guidelines, developed by American Board of Internal Medicine Foundation

• Barriers to addressing low value care:
  • Fear of malpractice
  • Perception that patients want or expect tests or medications
  • Lack of decision-making tools to support providers
  • Financial incentives of fee-for-service reimbursement
Recent Release: Low Value Care

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

Statewide Insights

1.9M Low Value Services, resulting in $134M in spending.*

- $47.9M
- $12.4M
- $6.6M
- $6.2M
- $6.0M

The top 5 services accounted for 63% of total low value services spending.

- Inappropriate opioid prescription
- Screening for 25-OH-Vitamin Deficiency
- Prostate Cancer Screening (PSA)
- Imaging Test for Eye Disease
- Coronary Angiography

*All Payer data only includes 6 months of data for Medicare FFS for 2021
Recent Release: Low Value Care

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

**Statewide Division of Insurance Spending Variation**
(Avg. Cost per Low Value Care Service)
All Payers, 2021

**Regional Variation**

<table>
<thead>
<tr>
<th>Region</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver</td>
<td>$65</td>
</tr>
<tr>
<td>Pueblo</td>
<td>$68</td>
</tr>
<tr>
<td>Colorado Springs</td>
<td>$70</td>
</tr>
<tr>
<td>Boulder</td>
<td>$75</td>
</tr>
<tr>
<td>Greeley</td>
<td>$76</td>
</tr>
<tr>
<td>Ft. Collins</td>
<td>$76</td>
</tr>
<tr>
<td>Grand Junction</td>
<td>$79</td>
</tr>
<tr>
<td>East</td>
<td>$85</td>
</tr>
<tr>
<td>West</td>
<td>$97</td>
</tr>
</tbody>
</table>
Recent Release: Low Value Care

civhc.org > Get Data > Public Data > Focus Areas > Affordability Dashboard

Number of Low Value Care Services by Payer

- Commercial
- Medicaid
- Medicare FFS*
- Medicare Advantage

*Medicare FFS claims only available through June 30, 2021

Graph showing the number of low value care services by payer from 2017 to 2021.
Upcoming Public Reports

- Affordability Dashboard Breakout
- Telehealth Equity Analysis (new!)
  - Update October 2023
  - Collaborative effort with OeHI
- Provider Payment Tool
  - Update January 2023
Agenda

• Opening Announcements
• Operating Updates
• Public Reporting
• CO APCD Data Quality and Analytics
• Public Comment and Member Open Discussion
Member Open Discussion
Member Discussion Suggested Topics

• Topic: AI & ChatGPT
  • Do any Member organizations currently or plan to use AI, ChatGPT, or something similar? How?
  • How should CIVHC be adjusting and looking toward anticipated impacts from AI technologies such as ChatGPT?
Public Comment
2023-2024 Meeting Schedule

• 2023
  • December 12

• 2024
  • March 12
  • June 11

• 2pm-4pm

• Virtual until otherwise noted